	PΔ	TE	ŇŤ	AP	PLIC	CATION	FEE D	ETE	RMIN	ATT(Ì	RECO	3D
٠	• • •			3 .7		Effective							•

opliq on or Docket Number 09/889187

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TC	TAL CLAIMS				:			RATE	RFEE		RATE	FEE
FC	A .		NUMBER	FILED	NUMB	ER EXTRA		Basic Fee	Ç "	OR	BASIC FEE	Sigo
TO	TAL CHARGEA	BLE CLAIMS	19' mir	us 20=	• .			X\$ 9=	3	OR	X\$18=	
INC	EPENDENT CL	AIMS	3 minus 3 = °					X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=	·		+270=	
• 11	the difference	in column 1 is	ro, ente	r or in c	olumn 2		TOTAL		OR	TOTAL	· XIO()	
I Fund CLAIMS AS AMENDED . PART II								IOIAL		OR	OTHER	THAN
	10-8-04	(Column 1)	uncito co	(Colu	mn 2)	(Column 3)	_	SMALLE	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
WON	Total	· 20	Minus	ļ ^C	}	= Ø] [X\$ 9≖		OR	X\$18=	
AME	Ind pendent	• ३	Minus	•••	3	= 9]	X40=	λ	OR	X80=	1
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		1	+135=		OR.	+270=	
							L	TOTAL			TOTAL	-\-
8	24.05	(Column 1)		(Colu	mn 2)	(Column 3)		NDDIT. FEE			ADDIT. FEE	
8		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOP	Total	.20	Minus	×	0	= /		X\$ 9=	•	OR	X\$18=	
AMENDMENT	Independent	. 3	Minus	\ 3	3	- /] [X40=		OR	X80 ±	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM	_/□_	J	+135=			+270=	
						<i>l</i> .	L	TOTAL		OR	TOTAL	
	•			· .				DOIT. FEE		OR	ADDIT. FEE	
100	TEST CHECK	(Column 1) CLAIMS	N. FOWER	(Colur		(Column 3)	1 -		1001	1		
ENTC		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	QUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
AME	ind pendent	•	Minus	***		<u> </u>	11	X40=		OR	X80 ⇒	
	FIRST PRESE	NTATION OF M	ULTIPLE OEF	ENDENT	CLAIM		1	+135=				
٠,	* If the entry in column 1 is less than the entry in column 2, write "V" in column 3.									OR	+270=	
***	"If the "Highest Number Previously Pald For" IN THIS SPACE Is less than 20, enter "20." ""If the "Highest Number Previously Pald For" IN THIS SPACE Is less than 3, enter "3."										TOTAL LODIT, FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												